

Audit Process Overview

and

Preparation Resource Tools

Presented By: Stephanie Bacote, Audit Manager Annette Larkin, Program Auditor



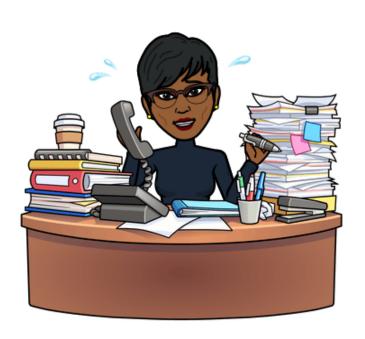


Meet the Team





The Real A-Team



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The Real A-Team



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The Real A-Team



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TRAINING OBJECTIVES

Presenter's Objectives:

Provide an overview of the OCS audit process and preparation resource tools



Provide meaningful instruction on audit preparation resource tools



MAINTAIN A
POSITIVE AND
SUPPORTIVE
LEARNING
ENVIORNMENT



Keep trainees engaged



TRAINING OBJECTIVES

Trainees' Objectives:

Understand the process (traditional and remote audits



Discover techniques and tools to promote audit preparation



HAVE FUN



Remain engaged and actively participate throughout the session



SESSION AGENDA



OVERVIEW: RULES OF ENGAGEMENT



AUDIT PREPARATION RESOURCES





PARTICIPANT ENGAGEMENT



Room Survey Raise Your Hand If.....

- You participated in an audit
- ▶ Led by auditors from local government or a privately contracted entity (i.e. public accounting firm)

CSA Program Audit



Audit Overview: Rules of Engagement

Benefits of program evaluation and quality improvement activities:

- ► Ensure program compliance
- ► Monitor achievement of goals/objectives
 - Assess program effectiveness



Rules of Engagement

Notifications

- Audit plan published on CSA website (updated annually)
- Courtesy telephone call
- Official Engagement Letter

Preparations

- Entrance Conference (in-person or virtual)
- Requests for information

Reporting Results

- Preliminary observations (verbal and/or written)
- Exit Conference (in-person or virtual)
- Final Report (published on CSA website)

Audit Follow-up

- Quality Improvement Plan (QIP)
- Administrative Referral Action
- QIP Updates



Documentation Submission Timelines

- Initial Request for Documentation
 - No later than 2 WEEKS from date written request is received
- Additional/Follow-up Request
 - No later than 2 WEEKS from date written request is received

Where the due date for submission has passed, there will be no subsequent request to provide documentation. Audits will proceed accordingly.



Documentation Submission Timelines

- Client Comments for the Final Audit Report
 - 2 WEEKS after the exit conference is conducted or
 - No later than 1 WEEK following the first CPMT meeting that occurs after the exit conference
 - Options to be discussed and agreed upon by all parties during the exit conference and confirmed via email.

Where the due date for submission has passed, there will be no subsequent request to provide documentation. Audits will proceed accordingly.



Documentation Submission Timelines

- Quality Improvement Plans (QIPs)
 After receipt of final audit report as follows:
 - 30 CALENDAR DAYS for Self-Assessment Validations
 - **□ 45 CALENDAR DAYS** for Onsite Engagements

Where the due date for submission has passed, the auditor will make a referral to OCS senior management for administrative action.



Stress Break Fun Trivia

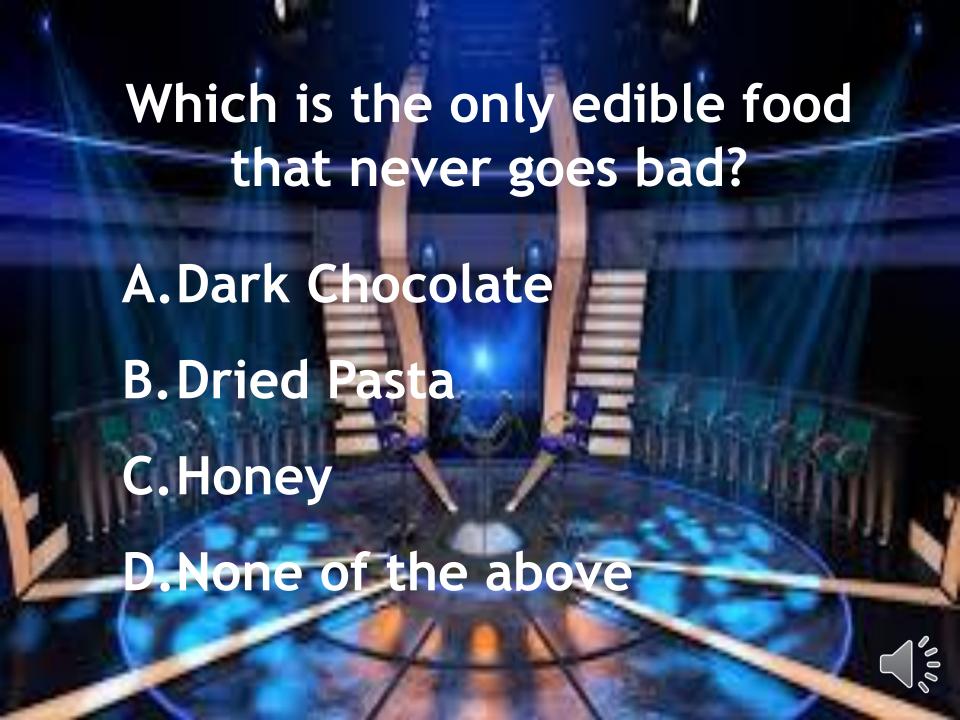


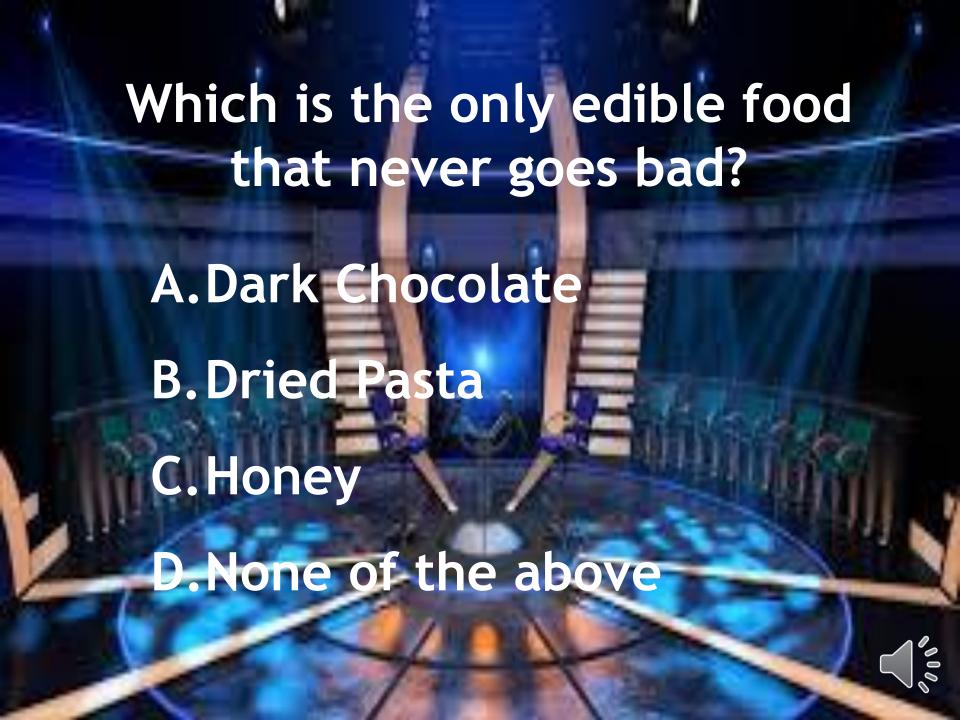


3 Lifelines

- 50/50- where at least 2 answers will be eliminated.
- Ask the audience- where you can poll everyone in the classroom.
- Phone a friend- where you can choose one person in the room for assistance.









Remote Auditing Process:

Fieldwor

General Audit Procedures

Audit staff will objectively evaluate alternate procedures adopted locally to ensure continuity and access to services and funding impacted by COVID-19

Client Case Reviews

Localities will be asked to scan (paper to .pdf) a select number of files for audit examination that will be transmitted to the auditor securely (password protected/encrypted).

- The auditor will select a limited number of client records with transaction history during the most recent 12 month period from when the audit is initiated (e.g. September 19 – August 20).
- The number of records requested is based on the client population of the locality as indicated by CSA utilization reports maintained by OCS.

Population	# of Files Requested
1 to 50	5 cases
51 to 500	10 cases
> 501	15 cases

 The auditor will provide the CSA Coordinator with a standardized document request form (Attachment 2-Sample) identifying the cases selected for review and the specific documents from each file to be securely transmitted to the auditor. This will ensure that efforts focus on specific documents rather than the full client record. The form also serves as a checklist for the auditor and the local CSA office to record documents submitted for review or provide justification for the absence of the requested information.

Document Request List Client Record Review

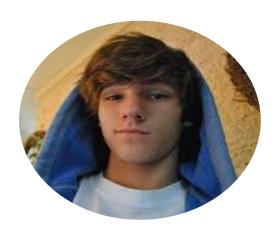


	MANDATE TYPE: SPECIAL EDUCATION SERVICES IN AN APPROVED EDUCATIONAL PLACEMENT (Expenditure Category 2g Special Education Private Day Placement)												
		(Expend	liture Cat	egory 2g S	Special Ed	ucation P	rivate Da	y Placeme	ent)				
PART I:	Selected	⋈											
	Clients:	Case	Case	Case	Case	Case	Case	Case	Case	Case	Case		
		No.	No.	No.	No.	No.	No.	No.	No.	No.	No.		
					Docume	nts Reque	ested						
	Check Box	[Document	Descript	ion	Audito	or/Client	Comment	s:				
	if Submitted	D £ - £		_1:_:L::::									
			mandate	eligibility	(Local form)	_							
		IEP				For th	For the period covering:						
		FAPT Notes (where applicable)				For th	For the period covering						
		Utilization Reviews											
		Consent to Exchange Info				For the period covering							
		Provide	Provider placement agreement or										
		rate she	et (for pri	ivate day									
		placeme	ents and a	residenti	ial								
		placeme	placements)										
		Treatment Plans/Progress Reports											
		Proof of CPMT Funding Approval											
		Purchas	e Orders										
		Vendor	Invoices										

PART II:	Exceptions									
	Selected	Explanation/Description:								
	Clients:									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
PART III:	Certification									
	Name (Print	Date:								
	Signature	Date:								



PARTICIPANT ENGAGEMENT



Meet Johnnie Appleseed

- ► FC A/N-LDSS Entrustment Custody
- ► SPED

		arter .	autorat .							Service					- 4	_
	Local	Child Last	Child First							Name	Check	Payment	Payment	Transaction	Expenditure	Program
1	Child ID	Name	Name	Provider Name	PO Number	Date		SPT P	MT	Code	Number	Date	Amount	Code	Category	Year
2	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881	9/1/2020	9/30/2020	10	3	27	check	2/9/2021	136.00	1	2a	2021
3	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881	10/1/2020	10/31/2020	10	3	27	check	2/9/2021	4,216.00	1	2a	2021
4	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881	11/1/2020	11/30/2020	10	3	27	check	2/9/2021	4,080.00	1	2a	2021
5	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881	11/1/2020	11/30/2020	10	3	14	check	2/9/2021	721.00	1	2a	2021
6	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881	11/1/2020	11/30/2020	10	3	17	check	2/9/2021	1,344.00	1	2a	2021
7	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881	11/1/2020	11/30/2020	10	3	41	check	2/9/2021	326.50	1	2a	2021
8	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881a	7/1/2020	7/31/2020	10	3	27	check	2/9/2021	4,464.00	1	2a	2021
9	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881a	8/1/2020	8/31/2020	10	3	27	check	2/9/2021	4,464.00	1	2a	2021
10	111	Appleseed	Johnnie	BRALEY & THOMPSON INC.	881a	9/1/2020	9/30/2020	10	3	27	check	2/9/2021	4,176.00	1	2a	2021
11	111	Appleseed	Johnnie	Grafton School - Richmond Service Region	799	5/1/2020	5/31/2020	17	10	29	check	7/30/2020	4,901.40	1	1e	2020
12	111	Appleseed	Johnnie	Grafton School - Richmond Service Region	799	6/1/2020	6/30/2020	17	10	29	check	7/30/2020	5,173.70	1	1e	2020
13	111	Appleseed	Johnnie	Grafton School - Richmond Service Region	799a	5/1/2020	5/31/2020	17	10	29	check	7/30/2020	260.00	1	1e	2020
14	111	Appleseed	Johnnie	Grafton School - Richmond Service Region	799a	6/1/2020	6/30/2020	17	10	29	check	7/30/2020	195.00	1	1e	2020
15	111	Appleseed	Johnnie	CENTRA HEALTH	868	9/8/2020	9/30/2020	6	10	26	check	12/18/2020	3,468.00	1	2g	2021
16	111	Appleseed	Johnnie	CENTRA HEALTH	868	10/1/2020	10/31/2020	6	10	26	check	12/18/2020	4,284.00	1	2g	2021
17	111	Appleseed	Johnnie	SH Varsity Acquistion Sub LLC	889	11/1/2020	11/30/2020	6	10	26	check	2/9/2021	3,264.00	1	2g	2021
18	111	Appleseed	Johnnie	SH Varsity Acquistion Sub LLC	889	12/1/2020	12/31/2020	6	10	26	check	2/9/2021	2,040.00	1	2g	2021
19	111	Appleseed	Johnnie	SH Varsity Acquistion Sub LLC	889a	11/1/2020	11/30/2020	6	10	26	check	2/9/2021	76.50		2g	2021
20																

MANDATE TYPE: FOSTER CARE ABUSE/NEGLECT – LDSS ENTRUSTMENT / CUSTODY (Expenditure Categories 1a,1b,1e, 2a, 2a1, 2c, 2e, 2f,2f1, or 2i Foster Care IV-E or all other children licensed residential congregate care, congregate education, treatment foster care federal and state, state and federal community based services, foster care maintenance and other services, community based services, transitional community based services from residential to community ,or Psychiatric Hospital /Crisis stabilization units) Selected PART I: M П П П П П П П Clients: Case No. No. No. 111 No. No. No. No. No. No. No. Documents Requested Check Box Document Description Auditor/Client Comments: if Submitted Proof of mandate eligibility (Local form) П For the period covering: 5/1/20 - 4/30/21 Ø IFSP/Other Service Plan (Other service plans include Foster Care Plan, Family Partnership Meeting Plans, Multi-Disciplinary Team Plans) For the period covering: 5/1/20 - 4/30/21 FAPT Notes (where applicable) M Utilization Reviews Last UR performed during the review period M M Consent to Exchange Info For the period covering: 5/1/20 - 4/30/21 Title IV-E Determination Form M For the period covering: 5/1/20 - 4/30/21 П Approved Foster Care Home Certificate (if in a local home) Fostering Futures Agreement (where applicable) Grafton and Braley & Thompson Provider placement agreement or X rate sheet (if placed through a child placing agency or in a residential placement) X VEMAT (if receiving enhance For the period covering: 5/1/20 - 4/30/21 maintenance payments)

	CBBHS assessment signed by a Licensed Mental Health Profession (if client does not have Medicaid)	
⊠	Treatment Plans/Progress Reports	Braley & Thompson and Grafton
⊠	Proof of CPMT Funding Approval	To coincide with the selected expenditures on the LEDRS payment history
⊠	Purchase Orders	To coincide with the selected expenditures on the LEDRS payment history
×	Vendor Invoices	To coincide with the selected expenditures on the LEDRS payment history
⊠	Certificate of Need / Evidence of IACCT Referral (if in residential placement)	
	ICC Discovery Document (where CSA funds ICC Services)	
	Proof Medicaid Eligibility (where applicable)	
⋈	Medicaid Authorization/Denial/	Medicaid Authorization to TFC -CM
	Appeals (where eligible and services funded by CSA include, but not limited to, community-based behavioral health services – IIH, TDT, MHSS, residential services and TFC-CM)	

PART II:		Exceptions								
	Selected	Explanation/Description:								
	Clients:									
	Case No.111	issing Medicaid authorization for TFC -CM								
	Case No.111	issing consent to exchange information								
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
	Case No.									
PART III:		Certification								
	Name (Print	nt) Mary Jo Jackson, CSA Coordinator Date:10/21/21								
	Signature $\mathcal G$	Mary, Jo. Jackson, CSA Coordinator Date: 10/21/21								

	MANDATE TYPE: SPECIAL EDUCATION SERVICES IN AN APPROVED EDUCATIONAL PLACEMENT												
		(Expend	liture Cate	egory 2g S	pecial Ed	ucation P	rivate Da	y Placeme	ent)				
PART I:	Selected	⋈	\boxtimes	\boxtimes									
	Clients:	Case	Case	Case	Case	Case No.	Case	Case	Case	Case	Case		
		No. 123	No. 123 No. 205 No. 111 No.				No.	No.	No.	No.	No.		
	Documen												
	Check Box	Document Description				Audito	r/Client Co	mments:					
	if Submitted	Proof of mandate eligibility (Local form)											
	⊠	IEP				For the	neriod co	vering: 5/	1/20 – 4/3	0/21			
		FAPT Notes (where applicable)					period co		1,20 1,0	0,22			
						roi tile	periou co	vering					
		Utilization Reviews				<u> </u>							
	\boxtimes	Consent to Exchange Info					For the period covering: 5/1/20 -4/30/21 (only clients						
		Provider placement agreement or rate				123 and 205)							
	\boxtimes		•	-			Centra Health (Client 123 and 111) Believe N U Youth Academy (Client 205)						
		sheet (for private day placements and a residential placements)			believe N O Toutil Academy (client 203)								
	×		nt Plans/Pi		norts	Centra Health (Client 123 and 111)							
		11000000		ogress ne	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SH Varsity Acquisition Sub LLC (Client 111 and 123)							
						Believe N U Youth Academy (Client 205)							
	×	Proof of CPMT Funding Approval			To coincide with the selected expenditures on the LEDRS								
					payment history								
	\boxtimes	Purchase Orders			To coincide with the selected expenditures on the LEDRS								
		_				payment history							
	\boxtimes	Vendor I	nvoices			1		the selecte	d expendi	tures on th	e LEDRS		
						payment history							

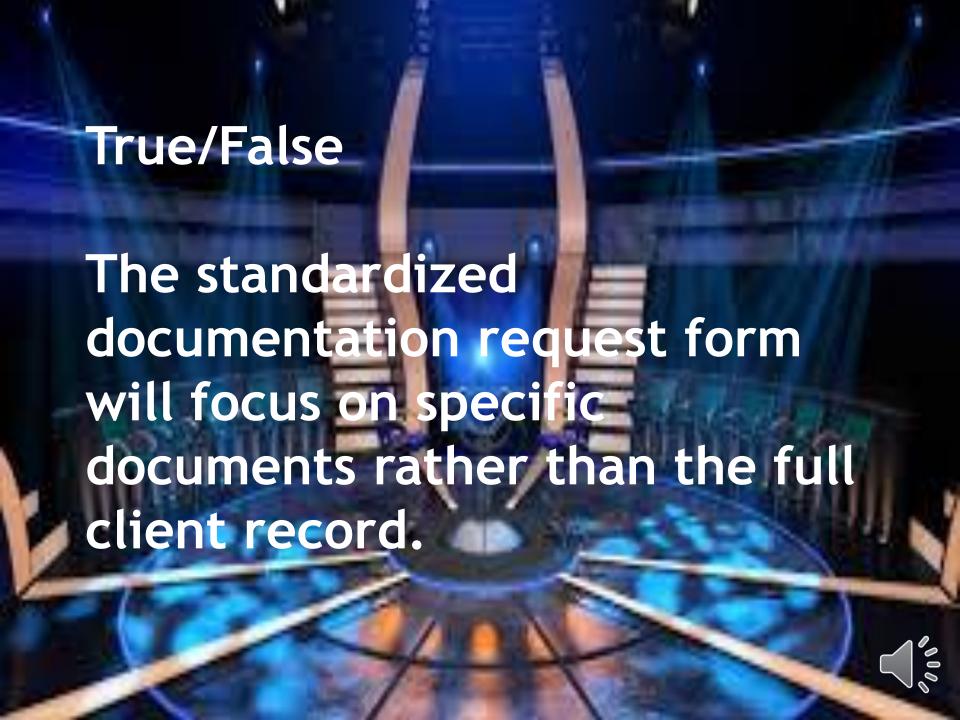
PART II:		Exceptions									
	Selected	Explanation/Description:									
	Clients:										
	Case No.111	Missing progress notes for Centra Health (Oct 2020)- contacted provider to obtain									
	Case No.111	Missing invoice for SH Varsity Acquisition Sub LLC (Nov 2020) payment – contact case									
		manager to see if it's in her case files									
	Case No.										
	Case No.										
	Case No.										
	Case No.										
	Case No.										
	Case No.										
	Case No.										
PART III:		Certification									
	Name (Print) Mary Jo Jackson, CSA Coordinator	Date: 10/21/21								
	Signature $\mathcal G$	Nary Jo Jackson, ESA Coordinator	Date: 10/21/21								

The number of client records requested will be determined by case population indicated by CSA Utilization reports. A locality that has 300 cases, the auditor will request how many client records?















Audit Preparation Resources

- CSA Website
 - CSA User Guide
 - Self Assessment Workbook
 - Audit Reports
 - Virginia Learning Center Training Modules
- Local Program
 - Internal Quality Assurance Assessments
 - Corrective Action Plans



How do we prepare for an audit using the Self-Assessment Workbook?





ANSWER: Short Version

- Complete all sections
- Document areas of concerns
- Develop quality improvement plan (QIP) (addresses areas of concern)
- Monitor implementation of QIP
- Report accomplishments to stakeholders

Upcoming slides will offer suggestions for performing the assessment.



Section I: Governance

This section is primarily composed of questions and tasks to evaluate program oversight and highlight/suggest internal control best practices. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.

- ► FAQ: If the evaluation participants conclude that the local program does not meet the assessment criteria, are we required to perform the tasks described while completing or prior to submittal of the self-assessment workbook to OCS.
- ▶ ANSWER: No. The CPMT may elect to exercise its discretion to do so, but it is not required. If the CPMT elects not to complete the tasks described in the assessment criteria, the CPMT should consider whether to document a quality improvement plan to address observed concerns.



Section II: Risk Management

This section is primarily composed of questions and tasks to evaluate the CPMT's risk management practices, particularly identification of impediments to achieving program objectives and management's (CPMT) response to those concerns. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.

- ► FAQ: How do we identify and document our risk?
- ▶ ANSWER: To some degree you may have already, through informal collaborative discussions and activities. Examples include community needs assessments coordinated with the Annual Gap Survey and/or Promoting Safe and Stable Families (PSSF) Grant Plans. Localities are strongly encouraged to document risks identified and CPMT response using the Risk Assessment Worksheet found in the Self-Assessment Workbook or another resource that captures similar information.

The next slide provides an illustration of common risk categories that can also be used to generate discussion.



Section III: Internal Controls

This section is primarily composed of questions and tasks to evaluate the local CSA program's system of internal controls.

Internal controls are practices, policies, and procedures for assuring the achievement of an organization's objectives, operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.

There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.



Section V: Compliance

This section is composed of compliance criteria established by the Code of Virginia, Children's Services Act (statutory) and policies adopted by the State Executive Council (SEC).

- ▶ In this section, the local program should carefully examine local practices, policies, and procedures, and activities to determine the current status of achieving the compliance criteria: met (i.e. full), in progress (i.e. partial w/explanation), or non-compliance.
- Activities in this section are mostly at the operations/ transaction level, whereas Sections I through IV focused primarily on management's oversight responsibility.



- ► FAQ 3: Several areas in the compliance section of the workbook instructions include a sample selection. May we use the same sample or do we have to select a different sample for each review area?
- ▶ ANSWER: Absolutely, you may use the same sample selection for each compliance area tested. However, the number of cases reviewed should be representative of that review area. Note: The same sample may also be used to assess local compliance.
- ► EXAMPLE: If your initial sample selection included only one special education (SPED) file and your total SPED client population is 100, consider expanding your sample size for that specific service area.



- FAQ 5: What documentation do I need to retain?
- ▶ ANSWER: You must retain documentation of the manner in which your sample was selected, to include: source of the data, total population used for selection, sample size selected, and methodology (random, judgmental, statistical, etc.).

You must retain a list of the client files that were selected and reviewed, noting who performed the review. This may be recorded on the same document you used to evidence your sample methodology.

You must retain a summary of the results of your review. This may be recorded on the same document you used to evidence your sample methodology and/or listing of client files reviewed.



Section VI: Quality Improvement

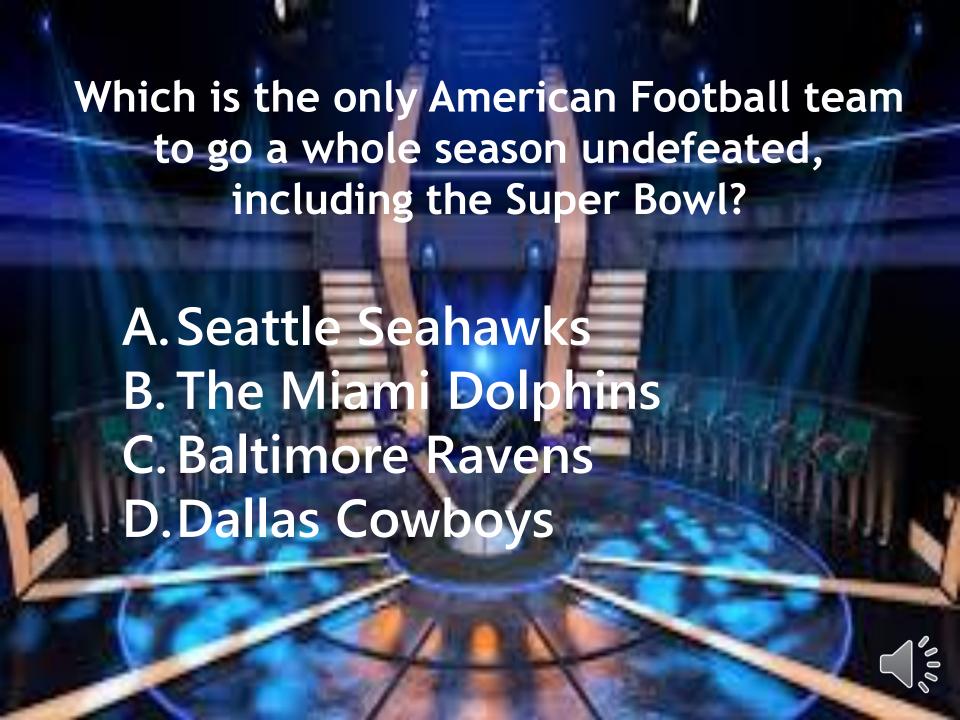
In this section, the CPMT is encouraged to develop and document a plan to address areas of concern that were observed during the self-assessment process. The quality improvement plan should incorporate:

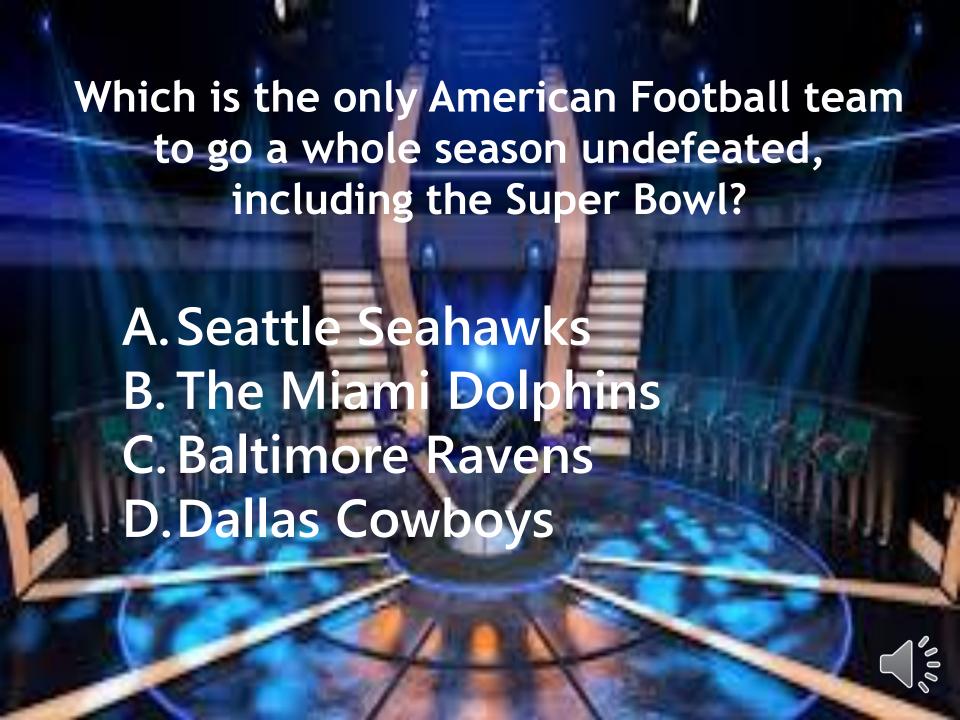
- tasks to be implemented,
- anticipated date of completion, and
- person(s) responsible for monitoring status of quality improvement plans.

The workbook includes a template that you can use to document and monitor the process.



Stress Break Fun Trivia







Audit Reports

- May inform discussions and decision making that affect program quality improvement efforts. Include CSA specific and other related audits and/or reviews (e.g. local government annual financial audits or internal audits, Title IV-E reviews, etc.)
- Provide an opportunity to discover from other programs where improvements may be warranted in your program.
- ► Allows for identification and correction of deficiencies prior to the next audit.



Internal Quality Assessments & Corrective Action Plans

- Results of on-going monitoring activities; may be reflected in CPMT minutes and accompanying reports.
- Documented tasks and strategies to address deficiencies and/or management concerns
- ► For CSA program audits, corrective action plans are referred to as "Quality Improvement Plans (QIP).



QIP Considerations

An actionable plan should

- ► Describe tasks to be completed in sufficient detail to ensure that it will address the identified concern.
- ► Identify reasonable timeframes to implement quality improvement; formal plans may be used as a "punch list" to encourage timely resolution of noted deficiencies.
- ► Identify parties responsible for ensuring implementation and communicating progress to the CPMT.
- ▶ Be monitored to ensure concerns are resolved satisfactorily or strategies/tasks are modified where appropriate.



QIP STATUS REPORTING

- Community Policy and Management Teams (CPMT) and auditors should continuously monitor implementation of the QIP as a means to ensure reported audit observations are addressed appropriately and timely.
- OCS program auditors use Pentana Audit Management Software, which includes a module referred to as "Action Tracking" that allows for timely and ongoing monitoring of the status of QIP tasks (i.e. action items).
- The application monitors "Action" status based on estimated implementation dates provided by clients.



QIP STATUS REPORTING

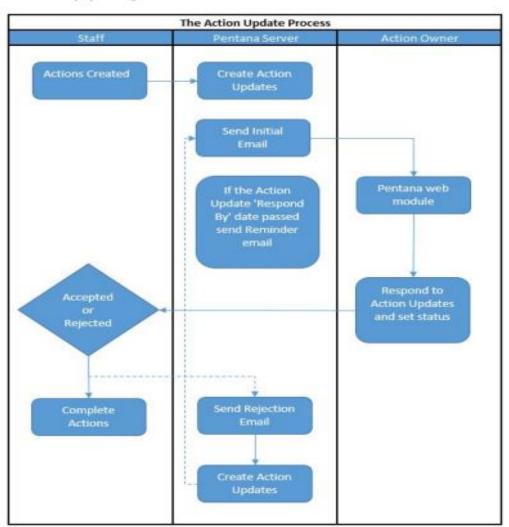
- CPMT representatives will be assigned a user account ant will receive an email with a link to reset their account password. This will grant the user access to the Action Tracker Dashboard.
- The application generates email notifications to a designated CPMT representative instructing them to provide an update on the status of their QIP by a specified due date.
- The designated CPMT representative will then click on a link that will take them directly to the "action item" where they can record the status update. Subsequent reminders will continue until the action item is completed.



Pentana

Action Update Work Flow

The diagram below shows the normal work flow around Action Updates and has been included for information purposes only.



Action
Update
Process
Flow



Action Tracker Password Reset Notification

From: csa.audit@csa.virginia.gov

Date: October 5, 2021 at 4:21:03 PM EDT

To:

Subject: Password Reset

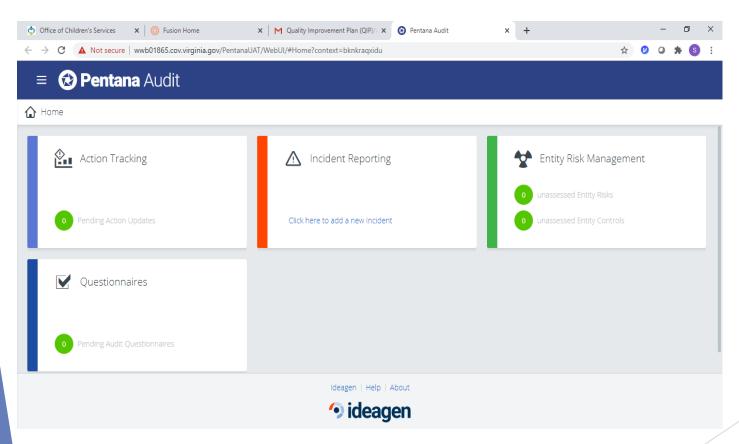
Please follow the link to reset your password:

https://wwb01865.cov.virginia.gov/PentanaUAT/FBA/Account/Account_Login.aspx?id

ken=sDuPLxmk7UxZvn30g8Aacg2&type=reset



Action Tracker Dashboard





Participant Engagement





For the remainder of the workshop, we will use case studies and supplemental materials to demonstrate how to use the resources discussed when preparing for a CSA program Audit.

- Case Study
- ► Abridged version of the actual workbook
 - Abridged version of an Audit Report
 - Sample Quality Improvement Plan

Participants are encouraged to ask questions



Stress Break Fun Trivia





Highlights

- ► Rules of engagement are outlined in the CSA User Guide and e-learning modules in the COV Learning Center.
- ► Preparation resources include: audit reports, corrective action plans, self-assessment workbook, training events and e-learning modules.
- ► Maintain documentation of your audit preparation. May be useful for future audits.
- ► Ensure concerns are addressed resolved satisfactorily or develop a quality improvement plan, where appropriate.





A-TEAM CONTACT INFORMATION

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